## 11030633245

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2011 JUL 20 PM 12: 20

## FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

Office use only

| _      |   |                           |   |                |                                 |  |  |  |
|--------|---|---------------------------|---|----------------|---------------------------------|--|--|--|
| 1.     | NAME OF<br>COMMITTEE (in full)  | (Check if nam is changed) | e Example: If typying, ty over the lines                        | /pe 12FE4M5    |                                 |  |  |  |
| L      | Bill Shuster Victory Cor  | ηmittee                   |   |                | لتتبيينا                        |  |  |  |
| Lı     |   | <u> </u>                  | 1111111111  |                |                                 |  |  |  |
| ADI    | ORESS (number and street)   | 228 S. Washingto          | on St., Ste. 115  |                |                                 |  |  |  |
|        | (Check if address is changed)   |                           |   |                |                                 |  |  |  |
|        |   | Alexandria                | <del></del>   | _ LYA L        | 22314                           |  |  |  |
|        |   |                           | CITY  | STATE          | ZIP CODE                        |  |  |  |
| CO     | MMITTEE'S E-MAIL ADDRES   | • • •                     | •   |                |                                 |  |  |  |
|        | (Check if address is changed)   | llisker@hdafec.c          | om<br>  |                |                                 |  |  |  |
| لەج م. | is changed,   | سسسا                      |   |                |                                 |  |  |  |
| со     | MMITTEE'S WEB PAGE ADD  | DRESS (URL)               |   |                |                                 |  |  |  |
|        | (Check if address   |                           |   |                |                                 |  |  |  |
|        | is changed)   | 1                         |   |                |                                 |  |  |  |
| 2.     | DATE M M / D 1  | 9 ' 20,11,                |   |                |                                 |  |  |  |
| 3.     | FEC IDENTIFICATION NUM  | MBER                      | C   |                |                                 |  |  |  |
| 4.     | IS THIS STATEMENT   | NEW (N) O                 | AMENDED   | (A)            |                                 |  |  |  |
| 1 ce   | I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete |                           |   |                |                                 |  |  |  |
| Тур    | e or Print Name of Treasurer  | Lisa Lisker               |   |                |                                 |  |  |  |
|        |   | L RX                      | 20  |                |                                 |  |  |  |
| Sig    | nature of Treasurer Electro   | mically Filed by Lisa L   | isker-  | _ Date 0,2     | 7 19 2611                       |  |  |  |
| NO.    |   |                           | may subject the person signing this                             |                |                                 |  |  |  |
| _      | Office  |                           | For further inform  | ation contact: | EEC EODM 4                      |  |  |  |
|        | Use<br>Only   |                           | Federal Election Co<br>Toll Free 800-424-1<br>Local 202-694-110 | 9530           | FEC FORM 1<br>(Revised 02/2009) |  |  |  |

|   | FEC Form 1 (Revised 02/2009)   | Page 2   |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
|   | TYPE OF COMMITTEE (Check One)  |  |  |  |  |  |  |
|   | Candidate Committee:   |  |  |  |  |  |  |
|   | (a) This committee is a principal campaign committee. (Complete the candidate information below.)  |  |  |  |  |  |  |
|   | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)  | e the candidate                                  |  |  |  |  |  |
|   | Name of Candidate  |  |  |  |  |  |  |
|   | Candidate Office Sought: House Senate President  | State  |  |  |  |  |  |
|   | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |  |  |  |
|   | Name of Candidate  | 11111  |  |  |  |  |  |
|   | Party Committee:   |  |  |  |  |  |  |
|   |  | Democratic,<br>Republican,etc.) Party.           |  |  |  |  |  |
|   | Political Action Committee (PAC):  |  |  |  |  |  |  |
|   | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne   | cted organization is a:                          |  |  |  |  |  |
|   | Corporation Corporation w/o Capital Stock Labor  | or Organization                                  |  |  |  |  |  |
|   | Membership Organization Trade Association Cod  | perative   |  |  |  |  |  |
|   | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |  |
|   | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)   | ated fund or party                               |  |  |  |  |  |
|   | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |  |
|   | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |  |  |  |  |  |
| _ | Joint Fundraising Representative:  |  |  |  |  |  |  |
|   | <del>75</del> 1  |  |  |  |  |  |  |
|   | (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                                |  |  |  |  |  |
|   | (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political                              |  |  |  |  |  |
|   | Committees Participating in Joint Fundraiser   |  |  |  |  |  |  |
|   | 1. BILL SHUSTER FOR CONGRESS  1. FEC ID number C C083849   | 135  |  |  |  |  |  |
|   | BILL PAC 2. FEC ID number C C004122  | 88   |  |  |  |  |  |
|   | 3. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE   | 20   |  |  |  |  |  |
|   | FEC ID number  | स्य प्रमुख्यायाम् च्यापास्य । जः । जः । ।<br>: : |  |  |  |  |  |

| FEC Form 1 (Revised         |   | Page3  |                            |  |  |  |  |
|-----------------------------|---|--|----------------------------|--|--|--|--|
| Write or Type Committee Nam |   |  |                            |  |  |  |  |
| Bill Shuster Victory C      | ommittee  |  |                            |  |  |  |  |
| 6. Name of Any Connected    | Organization, Affiliated Committee, Joint Fundraising   | g Representative, or Lea                         | dership PAC Sponsor        |  |  |  |  |
| NONE                        |   |  | <u> </u>                   |  |  |  |  |
|                             |   |  |                            |  |  |  |  |
| Mailing Address             |   |  |                            |  |  |  |  |
|                             |   | <del>                                     </del> |                            |  |  |  |  |
|                             |   | ا ليا لـ   |                            |  |  |  |  |
|                             | CITY▲   | STATE <b>▲</b>                                   | ZIP CODE                   |  |  |  |  |
| Relationship:               |   |  |                            |  |  |  |  |
| Connected Organizat         | ion Affiliated Committee Joint Fundrai  | ising Representative                             | Leadership PAC Sponsor     |  |  |  |  |
|                             | Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.                            |  |                            |  |  |  |  |
| ·                           |   |  | •                          |  |  |  |  |
| Full Name                   | Full Name Lisa Lisker   |  |                            |  |  |  |  |
| Mailing Address             | 228 S. Washington St., Ste. 115   |  |                            |  |  |  |  |
|                             | Alexandria  |  | 22314 _                    |  |  |  |  |
| Title or Position ♥         | CITY A  | STATE  | ZIP CODE A                 |  |  |  |  |
| Treasur                     |   | hone number 703                                  | - <u>549</u> - <u>7705</u> |  |  |  |  |
|                             | Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). |  |                            |  |  |  |  |
| name and address of a       | ny designated agent (e.g., assistant treasurer).  |  |                            |  |  |  |  |
| Full Name of Treasurer Lisa | Lisker  |  |                            |  |  |  |  |
| Mailing Address             | 228 S. Washington St., Ste. 115   |  |                            |  |  |  |  |
|                             | Alexandria  | VA   | 22314 _                    |  |  |  |  |
| Title or Position ♥         | CITY ▲  | STATEA   | ZIP CODE A                 |  |  |  |  |
| Treasu                      | ·or   | 703  | _ 549 _ 7705               |  |  |  |  |
|                             |   | phone number                                     | ~                          |  |  |  |  |

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|--|---------------------------------|------------------|------------|--|--|--|
| Full Name of<br>Designated<br>Agent          | Keith A. Davis                  |                  |            |  |  |  |
| Mailing Address                              | 228 S. Washington St., Ste. 115 |                  |            |  |  |  |
|  | Alexandria                      |                  | 22314 –    |  |  |  |
| Title or Position♥                           | CITY A                          | STATE A          | ZIP CODE A |  |  |  |
| Assista                                      | nt Treasurer                    | Telephone number | 3          |  |  |  |
| Name of Bank, Depositor  BB  Mailing Address |                                 |                  |            |  |  |  |
|  | Washington                      | DC)              | 20006      |  |  |  |
|  | CITY 🗖                          | STATE 4          | ZIP CODE 🛕 |  |  |  |
| Name of Bank, Depositor                      | ry, etc.                        |                  |            |  |  |  |
| لبا  |                                 |                  |            |  |  |  |
| Mailing Address                              |                                 |                  |            |  |  |  |
|  |                                 |                  |            |  |  |  |
|  |                                 |                  |            |  |  |  |
|  | CITY 🖪                          | STATE            | ZIP CODE 🛕 |  |  |  |

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Fed Eff Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify):

**DATE PREPARED** 

(3/2005)